

6.1 Example of Salary Computation.

The following is an example for you to use when calculating an employee's salary.

1. Monthly salary amounts will be shown on the P-1 to the penny.
2. Here is an example of how our software will make salary computations and how you must compute the new salary on a salary change P-1:

Old monthly salary: 1,279.41
5% increase: $1,279.41 \times 1.05 = 1343.3805$.

- Always round up if either the third or fourth digit is greater than zero. In this case, the result would be \$1,343.39.
- Round up one additional penny if you have an odd cent. (We must be able to compute a semi-monthly salary accurately to the penny without having a fractional penny left over. Otherwise, there would be hundreds of supplemental payrolls to do at the end of the year to handle the fractional cents.)

The new monthly salary would be \$1,343.40.

This salary computation process will apply for all P-1s processed after the June 25, 1987 P-1 listing, regardless of effective date.

Hourly salary amounts are already shown to three decimal places.

6.2 Conversion of Salaries.

The conversion of salaries can be confusing and frustrating at times. We are providing the following guidelines to help make the task easier.

Converting from a monthly to hourly rate: multiply by 12 and divide by 1950 (37.5 hour week) or 2080 (40 hour week).

Converting from hourly to salaried: multiply by 1950 (37.5 hour week) or 2080 (40 hour week) and divide by 12.

Converting from 37.5 hours per week to 40 hours per week: multiply by 12 to get the annual salary and divide by 1950 to get the hourly rate. Then multiply the hourly rate by 2080 and divide by 12 to get the new monthly rate. For example: \$1,500/mo. (37.5 hour work week) $\times 12 =$ \$18,000 $\div 1950 = 9.231$ (hourly rate). 9.231×2080 (40 hour work week) $= \$19,200.48 \div 12 =$ \$1,600.04, which is the new monthly rate for a 40 hour work week.

Converting from 40 hours per week to 37.5 hours per week: multiply the monthly salary by 12 and divide by 2080 to get the new hourly rate. Then multiply the hourly rate by 1950 and divide by 12 to get the new monthly rate based on a 37.5 hour work week. For example: \$1,600.04/mo. (40 hour work week) $\times 12 =$ \$19,200.48 $\div 2080 = 9.231$ (hourly rate based on 37.5). 9.231×1950 (37.5 hour work week) $= \$18,000.45 \div 12 =$ \$1,500.04, which is the new monthly rate based on 37.5 hours worked per week.

6.3 Immigration Reform and Control Act.

The Immigration Reform and Control Act, implemented June 1, 1987, requires all employers to have an employment eligibility verification system in place. The required forms are usually implemented by the payroll officer, since the I-9 Form is akin to the W-4 and K-4.

This Act applies to all appointments made in State Government, including merit and non-merit appointments. The main requirement involves the completion of an I-9 Form and the verification of documents supporting employment eligibility.

The following pages detail the requirements of the law. Specifically, they include:

- Guidelines on how to avoid discrimination complaints.
- Documents that are acceptable for identification and employment eligibility purposes.
- A copy of the I-9 Form and completion Instructions.

All agencies are expected to maintain the required verification information in their own files.

Title VII of the Civil Rights Act of 1964 is still in effect. To avoid discriminating against anyone, the following guidelines are provided.

DO'S

Ask questions such as:

- A. Are you a citizen of the U.S.?
- B. Do you intend to remain permanently in the U.S.?
- C. If not a citizen, are you prevented from becoming lawfully employed because of visa or immigration status?
- D. Are you an alien lawfully authorized to work in the U.S.?

Ask illegal aliens the following:

- A. Do you claim to qualify for legalization provisions of the new immigration law?
- B. Do you intend to apply for legal status and seek interim work authorization from INS?

Actions to take:

- A. Inform all new job applicants that you:
 - 1. Hire only U.S. citizens and aliens lawfully authorized to work in the U.S.
 - 2. Will require all new employees to complete Form I-9 and present documents providing identity and employment eligibility.
- B. Employer may give preference to an U. S. citizen or national over an authorized alien if the 2 candidates are equally qualified.

DON'T

Don't ask questions such as:

- A. Where are you from?
- B. Of what country are you a citizen?
- C. Are you, your parents, or spouse naturalized or native-born U.S. citizens?
- D. When did you, your parents, or spouse acquire U.S. citizenship?
- E. Are your parents or spouse citizens of the U.S.?

Actions to avoid:

- A. Don't require that applicants produce naturalization papers.
- B. Don't discharge present employees or refuse to hire new employees based on foreign appearance or language.
- C. Don't specify which document the new employee must use.

6.4 Annual Leave Sharing

DEFINITION:

* Both recipients and donors must meet the definition of "employee" in KRS 18A.005(14).

ELIGIBILITY (to Donate or Receive Annual Leave):

(1) An employee shall not qualify to donate or receive annual leave under the Annual Leave Sharing Program if the employee:

(a) Is not in active payroll status; or

(b) Has:

1. Resigned;
2. Retired; or
3. Been placed in unpaid leave status by a personnel action.

(2) To request donated annual leave, an employee shall complete an Application for Annual Leave Sharing.

(3) To donate annual leave, an employee shall complete an Annual Leave Donation Form.

PROCEDURES AND RESTRICTIONS:

(1) The ten (10) consecutive days of leave required for eligibility by KRS 18A.203 shall be leave with or without pay.

(2) The total amount of shared annual leave that may be received or used by an eligible employee for the purposes specified by this administrative regulation shall be limited to 200 work hours.

(3) Annual leave sharing shall not be authorized for mere convenience or employee preference.

(4) Annual leave shall not be donated in an amount less than seven and one-half (7.5) hours.

(5) If multiple donors donate annual leave to an eligible recipient, agencies shall transfer leave in chronological order of receipt of the donation forms, up to the maximum amount that has been certified to be needed by the recipient or 200 work hours, whichever is less.

(6) The applicant for annual leave sharing shall be responsible for filing the Application for Annual Leave Sharing.

(7) Donated annual leave shall not be utilized retroactively except to cover the period between the date the request was submitted to the employee's supervisor or agency representative and the date of approval by the appointing authority.

(8) The annual leave sharing recipient shall be responsible for monitoring the amount of annual leave donated and used.

(9) Except as provided by subsection (10) of this section, donated annual leave shall be used:

- (a) In the order in which it is donated; and
- (b) On consecutive days.

(10) Any leave that an employee accrues while receiving donated annual leave shall be used before donated annual leave.

(11) When the recipient of donated leave returns to work, unused donated leave shall be restored to the donors in reverse order of donation, unless the recipient provides evidence that the original condition for which annual leave was donated will continue.

(12) If an annual leave donor resigns, retires or is otherwise terminated from state employment before the process of transferring leave to the recipient has begun, the leave shall not be available for use by the recipient.

MEMORANDUM

TO:

FROM:

SUBJECT: Memo Concerning Donated Annual Leave / Return of Unused Donated Annual Leave

DATE:

Annual Leave Donation

This is to certify that _____ hours of annual leave donated by _____,
(name)

_____, _____, _____, _____,
(ss#) (company #) (agency name) (phone)

were transferred to _____,
(name) (ss#)

_____, _____,
(company #) (agency name) (phone)

Please reduce the donor's annual leave balance accordingly.

Return of Unused Donated Annual Leave

This is to certify that _____ hours of annual leave donated by _____,
(name)

_____, _____, _____, _____,
(ss#) (company #) (agency name) (phone)

were unused by _____,
(name) (ss#)

_____, _____,
(company #) (agency name) (phone)

Please credit the employee annual leave balance accordingly.

Recipient's Payroll Officer's Name: _____

Payroll Officer's Phone #: _____

Company # _____, Agency Name _____, Phone _____

APPLICATION FOR ANNUAL LEAVE SHARING

ORIGINAL REQUEST

AMENDED REQUEST

Name of Recipient: _____

Department: _____

Social Security Number: _____

Amount of Annual Leave Needed: _____

Please provide a reason transferred leave is needed, including a brief description of cause, property lost, and anticipated duration of the leave needed. (If this is an amended request, provide reason for extension.)

Signature of Recipient or Representative

Date

Signature of Supervisor

Date Received

The above named employee has been approved to receive donated annual leave in accordance with the provisions of K.R.S. 18A.203 and 101KAR 2:106.

Signature of Appointing Authority

Date

The Recipient's Appointing Authority must forward one copy of this form to the Personnel Cabinet, Processing & Records Branch, 501 High Street, 3rd Floor, Frankfort, Kentucky 40601.

ANNUAL LEAVE DONATION FORM

Name of Donor: _____

Department: _____

Social Security Number: _____

Amount of Donation to be credit to Recipient: _____
 (Eligible Employee shall not receive more than 20 working days. Minimum employee may donate is 7.5 hours.)

Name of Recipient: _____

Department: _____

Social Security Number: _____

I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized by 101 KAR 2:106.

 Signature of Donor

 Date

This is to certify that the employee named above has a sufficient annual leave balance to donate the hours indicated under the provisions of 101 KAR 2:106.

 Signature of Appointing Authority

 Date

The Donor's Payroll Officer must forward one copy of this form to the Recipient's payroll Officer and one copy to the Personnel Cabinet, Processing & Records Branch, 501 High Street, 3rd Floor, Frankfort, Kentucky 40601.

TO BE COMPLETED BY DONOR'S PAYROLL OFFICER UPON RECEIPT

Company Number: _____ Department Name: _____

Date _____

PAYROLL OFFICER

TO BE COMPLETED BY RECIPIENT'S PAYROLL OFFICER

Recipient's current annual leave balance: _____ + _____ = _____ Recipient's New Annual Leave Balance

Company Number: _____ Department Name: _____

Date _____

PAYROLL OFFICER

6.5 Sick Leave Sharing

ELIGIBILITY

- Both recipients and donors must meet the definition of “employee” in KRS 18A.196.
- A donor may not donate an amount of sick leave which would cause his/her sick leave balance to go below 75 hours.
- An employee becomes eligible to receive donated sick leave at the point in time when all four of the criteria below are met:
 1. The employee or member of his/her immediate family suffers from a “medically certified” illness, injury, impairment, or physical or mental condition which has caused, or is likely to cause, the employee to go on leave for at least ten consecutive working days;
 2. The employee’s need for absence is certified by a licensed practicing physician;
 3. The employee has exhausted all of his/her available paid leave; and
 4. The employee has complied with administrative regulations governing the use of sick leave.

Some important notes:

It is important to remember that participation in the Sick Leave Sharing Program is at the discretion of the employee and requires approval of the appointing authority and the Secretary of the Personnel Cabinet.

When working with any facet of the Sick Leave Sharing Program you must consider both the statute and the regulations.

Keep in mind that participation in the Sick Leave Sharing Program is subject to the approval of the appointing authority and the Secretary of the Personnel Cabinet.

Guidelines on Sick Leave Sharing Regulations

KRS 18A.197 and KAR 2:105 provide that in the event of a prolonged or catastrophic illness or injury, or an extended absence due to illness of a family member, eligible employees who accrue sick leave and who have exhausted their leave balances may have sick leave donated to them by other eligible state employees. The forms needed to receive or donate leave may be obtained from Personnel Administrators.

Listed below is the chronological flow of actions and documents.

1. **RECIPIENT COMPLETES APPLICATION AND SUBMITS IT ALONG WITH THE PHYSICIAN'S CERTIFICATION TO HIS PAYROLL OFFICER.** The payroll officer collects all information, and transmits the appropriate documents to the appointing authority.
2. **THE APPLICATION IS REVIEWED TO ENSURE THAT THE CERTIFICATION OF THE PHYSICIAN IS COMPLETE AND THE FORM IS CORRECTLY FILLED OUT.** Verify that the employee will exhaust his leave during the projected absence. Note that the employee does not have to have exhausted his leave before he submits the application. Also, note that the employee does not have to have already been off for 10 days in order to apply, but must have a situation where it is likely to cause an absence for at least 10 consecutive days. A file is created for the recipient by the payroll officer. All medical information must be kept in a locked file separate from the personnel files. A copy of the application is then sent to the Personnel Cabinet.
3. **DONOR(S) COMPLETES DONATION FORM AND SUBMITS TO HIS PAYROLL OFFICER.** The donor's payroll officer verifies the donor's leave balance for eligibility. After the form is signed by the appointing authority, a copy is sent to the recipient's payroll officer. The donor's payroll officer will hold the copy for the Personnel Cabinet until receiving the "Memo Concerning Donated Sick Leave" (a copy is attached) from the recipient's payroll officer. This shall serve as confirmation that the leave has been transferred. The donor's payroll officer must reduce the donor's sick leave balance in UPPS upon receipt of the memo from the recipient's payroll officer.
4. **RECEIVE AND FILE FORMS.** As the donation forms are received by the recipient's payroll officer, they are stamped with a received date, and the time of receipt is recorded on the form. The recipient's payroll officer will file the donor forms in the file for the appropriate recipient.
5. **PREPARE AND PROCESS PAYROLLS.** Upon certification of eligibility, all donated leave is to be added to recipient's sick leave balance in UPPS at the time the donation is received. As the employee utilizes leave for the Sick Leave Sharing qualifying condition he will be paid as usual, reporting sick leave used.
6. **SEQUENCE OF LEAVE USAGE.** Transfer all leave donated to the recipient at the time of donation, not on a pay period basis, up to the amount requested. As the recipient accrues leave of his own, his leave time must be used first. He can then use time donated to him. The recipient uses donated leave in the order in which it is received.

7. **RECIPIENT CAN RETAIN LEAVE AFTER RETURN TO WORK.** The recipient may retain the donated leave upon return to work only if the recipient documents that leave will be needed for continuing treatment relating to the condition which caused the individual's absence. For example, if the employee was absent due to surgery to remove a malignant tumor and returns to work, but will require periodic absences for radiation therapy, the excess leave may be retained for that purpose. However, the employee may not retain the excess leave to be used for any unrelated condition.
8. **SEQUENCE OF RESTORING UNUSED LEAVE TO DONORS.** When the recipient returns to work and the donated leave is no longer needed for the qualifying condition, excess leave shall be returned to donors in reverse order of donation (last donor's leave is returned first.) If the donor has left state employment, the returned hours should be credited to the inactive record for restoration if the employee was rehired.

MEMORANDUM

TO:

FROM:

SUBJECT: Memo Concerning Donated Sick Leave / Return of Unused Donated Sick Leave

DATE:

Sick Leave Donation

This is to certify that _____ hours of sick leave donated by _____,
(name)

_____, _____,
(ss#) (company #)

were transferred to _____,
(name) (ss#)

_____.
(company #)

Please reduce the donor's sick leave balance accordingly.

Return of Unused Donated Sick Leave

This is to certify that _____ hours of sick leave donated by _____,
(name)

_____, _____,
(ss#) (company #)

were unused by _____,
(name) (ss#)

_____.
(company #)

Please credit the employee sick leave balance accordingly.

Recipient's Payroll Officer's Name: _____

Payroll Officer's Phone #: _____

APPLICATION FOR SICK LEAVE SHARING

- ☐ ORIGINAL REQUEST
☐ AMENDED REQUEST

Name of Recipient: _____

Department: _____

Social Security Number: _____

Amount of Sick Leave Needed: _____

Please provide a reason transferred leave is needed, including a brief description of the nature, severity, and anticipated duration of the medical emergency. (If this is an amended request, provide reason for extension.)

Please attach certification by one or more physicians of the medical reason that employee will be unable to perform the duties and responsibilities of his/her position for ten (10) or more consecutive working days or the reason for extension, if an amended request.

Signature of Recipient or Representative Date

Signature of Supervisor Date Received

The above named employee has been approved to receive donated sick leave in accordance with the provisions of KRS 18A.197.

Signature of Appointing Authority Date

The Recipient's Appointing Authority must forward one copy of this form (without attached medical statement) to the Personnel Cabinet, Processing & Records Branch, 501 High Street, 3rd Floor, Frankfort, Kentucky 40601.

SICK LEAVE DONATION FORM

Name of Donor: _____

Department: _____

Social Security Number: _____

Amount of Donation to be credited to Recipient: _____

(Employee must have 75 hours remaining after donation. Minimum amount employee may donate is 7.5 hours.)

Name of
Recipient: _____

Department: _____

Social Security Number: _____

I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized by KRS 18A.197.

Signature of Donor_____
Date

This is to certify that the employee named above has a sufficient sick leave balance to donate the hours indicated under the provisions of KRS 18A.197.

Signature of Appointing Authority_____
Date**The Donor's Payroll Officer must forward one copy of this form to the Recipient's Payroll Officer and one copy to the Personnel Cabinet, Processing & Records Branch, 501 High Street, 3rd Floor, Frankfort, Kentucky 40601.****TO BE COMPLETED BY DONOR'S PAYROLL OFFICER UPON RECEIPT**

Company Number: _____ Department Name: _____

Date_____
PAYROLL OFFICER**TO BE COMPLETED BY RECIPIENT'S PAYROLL OFFICER**Recipient's current sick leave balance: _____ + _____ donation = _____ **Recipient's New Sick Leave Balance**

Company Number: _____ Department Name: _____

Date_____
PAYROLL OFFICER

Sick Leave Sharing Questions and Answers

Following are some of the most frequently asked questions and their answers.

- 1Q.** Does the donor have to be an active employee?
- A.** Yes.
- 2Q.** Can an employee on P-1 leave participate in the program?
- A.** Once an employee has been placed by P-1 on leave without pay that employee is no longer eligible to participate in the sick leave sharing program. The employee is no longer entitled to accrue sick leave so he does not meet the requirements in the statute.
- 3Q.** Will the recipient accrue leave of his own while on donated sick leave?
- A.** Yes, however, the recipient's leave must be used first before a donor's time can be used.
- 4Q.** Will the recipient have to reapply when he accrues leave?
- A.** No, the original application will remain in effect.
- 5Q.** When do the applications get sent to the Personnel Cabinet?
- A.** The Application for Sick Leave Sharing and the Sick Leave Donation Form(s) are to be sent to the Personnel Cabinet upon approval by the respective agencies.
- 6Q.** Are the recipient and the donation forms on one piece of paper?
- A.** No, they are separate forms.
- 7Q.** How do payroll officers know where to send the appropriate forms?
- A.** A list of payroll officers and the departments they handle is available from the Personnel Cabinet.
- 8Q.** If the application is received after regular payroll, can the payment for donated leave be processed on the system supplemental?
- A.** Yes.
- 9Q.** When and how is donated leave credited to the recipient?
- A.** All donated leave should be added to the recipient's sick leave balance at the time of donation. The amount credited may not exceed the amount requested. Crediting of leave on a pay period by pay period basis is not authorized in the statute.
- 10Q.** Who is responsible for monitoring the sick leave balance of the recipient?
- A.** An employee who is receiving donated sick leave is responsible for keeping track of leave balances and for all paperwork associated with the sick leave sharing program. It is not the responsibility of the personnel/payroll officer to notify donors or recipients of remaining leave balances.
- 11Q.** When there are multiple donors, how do you know whose leave to use first?
- A.** The donor whose form is received first should have his leave used first.
- 12Q.** Is an employee who can only work a fraction of the day due to a medical condition eligible to have leave donated?

- A. No, the doctor must certify that the employee cannot perform his work duties for a minimum of 10 working days. This means all day, not a portion of the work day. However, once an employee has qualified for sick leave sharing for a specific condition that employee is eligible to use donated leave intermittently for follow-up care and recurrence of the same condition (see 19.)

13Q. Is an employee who is on workers' compensation eligible for participation in this program?

- A. Employees drawing workers comp are eligible for sick leave sharing. This does not change the fact that the employee is not to receive full pay and workers comp. The donated sick leave would be used to make up the difference between the workers comp payment and the employee's normal pay. Sick leave, from whatever origin, could be restored by the employee signing over the workers comp check, per normal procedures.

14Q. Are all recipients of donated sick leave automatically eligible for state-paid health insurance?

- A. No. Keep in mind that the leave regulations (101 KAR 2:102 and 101 KAR 3:015) apply to employees participating in the sick leave sharing program, the same as any other employee. It is the responsibility of the payroll officer to ensure that only eligible employees are covered by the state share of health insurance. This may require stopping health insurance deductions in situations where the recipient does not meet the requirements.

15Q. Is the donation revocable?

- A. No. Once the donor's application is accepted, the donation cannot be withdrawn, unless the donor becomes ineligible.

16Q. Are LRC and AOC participating agencies?

- A. Yes, both organizations can donate to or accept leave from Executive Branch employees.

17Q. Are sworn personnel in State Police covered by KRS Chapter 16, participating in the sick leave sharing?

- A. Yes, they have elected to do so.

18Q. Does maternity leave qualify under this regulation?

- A. Yes, with medical certification.

19Q. Can the recipient continue to use donated leave upon return to work?

- A. Upon returning to work an employee may continue to use donated leave for follow-up treatments for the condition which made him/her eligible. For example: An employee who has cancer and requires follow-up treatment may continue to use donated leave to cover these absences. An employee who has received donated leave for pregnancy may continue to use this leave for any checkups and follow-up treatment relating to the pregnancy. However, this leave may not be used for the baby's checkups. Health issues with the baby necessitating extended absences would require a new application for sick leave donation and would require that the employee meet all qualifying criteria in relation to the baby's illness.

6.6 Family and Medical Leave Act

An appointing authority shall comply with the requirements of the Family and Medical Leave Act (FMLA) of 1993, 20 USC 2601, et seq., and the federal regulations implementing the Act, 29 CFR Part 825.

EMPLOYEE ELIGIBILITY:

To be eligible for FMLA benefits, an employee must:

1. have worked for Kentucky State Government for a total of at least 12 months; and
2. have worked or been on paid leave for at least 1,250 hours in the 12 months immediately preceding the first day of FML.

GUIDELINES AND PROCEDURES:

1. Family and medical leave shall be awarded on a calendar year basis.
2. An employee shall be entitled to a maximum of twelve (12) weeks of accumulated annual or sick leave, unpaid family and medical leave, or a combination thereof, for the birth, placement, or adoption of a child.
3. While an employee is on unpaid family and medical leave, the state contribution for health and life insurance shall be maintained by the employer.
4. If the employee would qualify for family and medical leave, but has an annual, compensatory or sick leave balance, upon the employee's request, the agency shall permit:
 - (a) The employee to reserve ten (10) days of accumulated sick leave and be placed on FMLA leave; or
 - (b) The employee to use accrued paid leave concurrently with FMLA leave.

APPLICATION FOR FAMILY LEAVE

Employee Name _____

Social Security Number _____

Agency _____

Agency Address _____

Regular Hours worked Per Week _____

Home Address _____

Home Phone (_____) _____

Work Phone (_____) _____

Purpose of Family Leave _____

Attach REQUIRED supporting documentation.

Anticipated duration of leave from _____ to _____
for a total of _____ work days.

In requesting family leave, I certify that all information on this application is true and that I will abide by the regulations governing family leave.

Employee Signature

Date

FOR AGENCY USE ONLY:

Family Leave Approved _____ For Dates _____ to _____

Family Leave Denied _____

Family Leave Balance as of this date _____

Family Leave Designation Letter sent _____
Date

SIGNATURE OF APPOINTING AUTHORITY
OR DESIGNEE

DATE

CERTIFICATION OF HEALTH CARE PROVIDER
(Family and Medical Leave Act of 1993)

1. Employee's Name: _____
2. Patient's Name (if different from employee): _____
3. The attached sheet describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition¹ qualify under any of the categories described? If so, please check the applicable category.

(1)___ (2)___ (3)___ (4)___ (5)___ (6)___, or None of the above_____

4. Describe the medical facts which support our certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

- 5.a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity² if different): _____

- b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)? _____

If yes, give the probable duration: _____

- c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated² and the likely duration and frequency of episodes of incapacity²: _____

- 6.a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments: _____

If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number of interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any: _____

- b. If any of these treatments will be provided by another provider of health services (e.g. physical therapist), please state the nature of the treatments: _____

¹ Here and elsewhere on this form, the information sought relates **only** to the condition for which the employee is taking FMLA leave.

² "Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

- c. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

- 7.a. If medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind? _____

- b. If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or the employer should supply you with information about the essential job functions)? _____ If yes, please list the essential functions the employee is unable to perform: _____

- c. If neither a. nor b. applies, is it necessary for the employee to be absent from work for treatment? _____

- 8.a. If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety, or for transportation? _____

- b. If no, would the employee's presence to provide psychological comfort be beneficial to the patient or assist in the patient's recovery? _____

- c. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need: _____

 (Signature of Health Care Provider)

 (Date)

 (Type of Practice)

 (Address)

 (Telephone Number)

THIS FORM WILL BE MAINTAINED IN A CONFIDENTIAL FILE SEPARATE FROM THE EMPLOYEE'S PERSONNEL FILE.

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or it will be necessary for you to work less than a full schedule:

 (Employee Signature)

 (Date)

ATTACHMENT

A "**Serious Health Condition**" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity² or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity² of more than three consecutive calendar days (including any subsequent treatment or period of incapacity² relating to the same condition), that also involves:

(1) **Treatment**³ two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or

(2) Treatment by a health care provider on at least one occasion which results in a **regimen of continuing treatment**⁴ under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to pregnancy, or for prenatal care.

4. Chronic Conditions Requiring Treatments

A chronic condition which:

(1) Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;

(2) Continues over an extended period of time (including recurring episodes of a single underlying condition); and

(3) May cause episodic rather than a continuing period of incapacity² (e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of incapacity² which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

³**Treatment** includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

⁴**A regimen of continuing treatment** includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

ATTACHMENT

Page 2

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity² of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

**TO BE PUT ON AGENCY LETTERHEAD
(LETTER FOR DESIGNATION OF FMLA)**

(DATE)

TO: _____
(Employee's name)

FROM: _____
(Name of appropriate employer representative)

SUBJECT: Family/Medical Leave

On _____, you notified us of your need to take leave due to:

- ☐ The birth of your child, or the placement of a child with you for adoption or foster care; or
- ☐ A serious health condition that makes you unable to perform the essential functions of your job; or
- ☐ A serious health condition affecting your spouse, child, or parent, for which you are needed to provide care

You notified us that you need this leave beginning _____ and that you expect leave to continue until on or about _____.

Except as explained below, upon exhaustion of your present leave balances and qualification of the mandated criteria, you have a right under the Family and Medical Leave Act (FMLA) for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that:

1. You will ____ will not ____ be required to furnish medical certification of a serious health condition. If required, you must furnish certification by _____, (must be at least 15 days after you are notified of this requirement) or we may delay the commencement of your leave until the certification is submitted.
2. You will ____ will not ____ be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until the certification is provided.

Under the terms of 101 KAR 2:102 Section 3 (6) (b), employees may request to reserve ten (10) days of accumulated sick leave before being placed on unpaid FMLA leave. If you wish to reserve up to ten (10) days of your accumulated sick leave, you must notify this office in writing before being placed on unpaid leave.

If it becomes necessary for you to take leave beyond the date of your paid leave balances, excluding the ten reserved sick days, this letter will be followed up with further instructions regarding procedures for placement on Family and Medical Leave.

QUESTIONS ABOUT FAMILY LEAVE

When on Family Leave without pay, does an employee's increment date change?

While there is no personnel action for Family Leave, it is considered the same as regular leave without pay (except for the fact that the state pays the state share of life and health insurance). Therefore, if an employee is off on Family Leave without pay for sufficient time to change the increment date if the employee were off on regular leave without pay, the increment date would change.

Does an employee on family leave without pay accrue leave and/or service credit?

While there is no personnel action for Family Leave, it is considered the same as regular leave without pay (except for the fact that the state pays the state share of life and health insurance). Therefore, an employee on Family Leave without pay does not accrue leave or service credit during this leave.

How does Family Leave apply to an employee who is receiving workers' compensation?

An employee who is receiving workers' compensation and has exhausted all paid leave may use up to his/her balance of Family Leave on a day for day basis in order to maintain the state share of health and life insurance.

When an employee is on leave without pay by a personnel action, is that employee eligible for Family Leave?

An employee who has been placed on leave without pay by a personnel action (including workers' comp recipients) is not eligible for Family Leave unless a personnel action removes him/her from unpaid status and all other criteria are met.

Is an employer required to allow intermittent leave for caring for a newborn child?

An employer may, but is not required to, approve intermittent leave for the purposes of caring for a newborn or a newly placed foster or adopted child. This does not affect the fact that an employee is entitled to work a reduced schedule (or to take intermittent leave) due to a qualifying illness or injury or when it is necessary to care for an ill family member (as defined in the FMLA).

Are employees eligible for holiday pay when on Family Leave?

Yes, an employee on Family Leave is eligible to be paid for any holidays which occur during the Family Leave. The holidays are to be counted as part of the twelve (12) weeks for which the employee is eligible.

Will paid leave hours substitute for hours worked in meeting the 1250 hours needed to qualify for Family Leave?

Yes, the employee must have worked, or been on paid leave.

What 12 months is considered when determining the 1250 hours in the preceding calendar year?

To be eligible for Family Leave, the employee must have worked or been on paid leave 1250 hours in the 12 months preceding the first day of FMLA leave.

An employee has been on Family Leave Without Pay and is unable to return to work at the end of his 12-week eligibility. When the Personnel Action (P-1) is initiated, what effective date should be used for the official leave without pay?

Due to the Federal requirements in the Family and Medical Leave Act prohibiting the reduction of benefits, the effective date of the personnel action should be the day after the Family Leave ends.

Can leave be designated as FMLA leave after the leave is used?

In order to deduct leave from an employee's twelve weeks of eligibility, the employee or employer must designate leave as FMLA when the employee applies for that leave or when the employer determines that the leave qualified for FMLA, if this happens later. The employer's designation must be made before the leave starts, or before an extension of the leave is granted, unless the employer does not have sufficient information as to the employee's reason for taking the leave until after the leave began. In no event may an employer designate leave as FMLA leave after the leave has ended unless the employee requests it within two business days of returning to work.

The following situation occurs in your agency. What would you do? An employee has been off for a FMLA-qualifying event since May 17. It is now July 1 and no one has designated this past six weeks as Family Medical Leave (FML). She informs her supervisor that she will be unable to return to work for a few more weeks. At that point FML is discussed, but upon checking the employee's eligibility it is discovered that she has not worked 1250 hours in the 12 months immediately preceding July 1. If the FML had been designated on May 17, the employee would have met the eligibility criteria (she did work 1250 hours in the 12 months immediately preceding May 17).

According to recent case law on this issue, provided that the employee is not prejudiced or penalized by your agency's failure to designate the leave already taken as FMLA leave, you may designate this leave retroactively as FMLA qualified leave and the employee would be permitted to take a total of 12 weeks of FMLA leave following May 17.

6.7 Benefit Eligibility

The purpose of the following table is to assist state agency payroll and personnel staffs in determining which benefits may apply for the various types of employees. Consult the laws or regulations that deal with a particular benefit in cases of specific questions. An example for how to read the table is: Full-time employees receive or are eligible for all benefits.

	RETIREMENT, HEALTH INS., LIFE INS.	ANNUAL LEAVE *	SICK LEAVE *	COURT LEAVE	MILITARY LEAVE ELIGIBILITY	COMP LEAVE	EDUCATIONAL TUITION ELIGIBILITY	SOCIAL SECURITY (FICA)	WORKERS' COMPENSATION COVERAGE	VOTING LEAVE ELIGIBILITY	HOLIDAYS
Full-time	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Part-time				Yes	Yes	Yes		Yes	Yes	Yes	Yes
Interim			Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

*NOTE: Employees must meet work hour requirements to be eligible for leave accrual.

TYPE ACTION = 3

[illegible]

6.9 Abbreviated Abolishment P-1 Form

The below listed position abolishment actions are intended to substitute for the P-1 form normally used.

TYPE ACTION=3

CABINET

DEPARTMENT _____

[illegible]

6.10 Personnel Action Worksheet To Be Used for Backpays

The following information will serve to document the P-1 history in backpay cases requiring the correction of personnel actions and re-computation of salary. In most cases, a P-1 will be required to correct only the original action and the most recent action. Correction of all actions between those two is not required unless otherwise specified. The Remarks Section on the most recent P-1 must read "See hard-copy file for History Records." This worksheet must be attached to the correcting/voiding P-1s and should accompany any related payroll transactions.

Employee Name_____
Social Security Number**PERSONNEL ACTION HISTORY****(List all actions including ones to be voided/corrected.)**

	EFFECTIVE DATE OF P-1	TYPE OF P-1 ACTION (NAC)	SALARY SHOWN ON P-1	CORRECT SALARY	2nd SHIFT RATE	3rd SHIFT RATE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

APPOINTING AUTHORITY OR AUTHORIZED AGENT_____
GENERAL COUNSEL, PERSONNEL CABINET_____
COMPENSATION ANALYST, PERSONNEL CABINET_____
SECRETARY, PERSONNEL CABINET

6.11 Transferring Months of Service Form**TRANSFERRING MONTHS OF SERVICE/LEAVE BALANCES
WITH NO BREAK IN SERVICE**

Going From	Going To	Months of Service		Leave Balances	
		Yes	No	Yes	No
Teachers' Retirement	Executive Branch	X		X	
PVA	Executive Branch	X		X	
Administrative Office of the Courts (AOC)	Executive Branch	X		X (except for Comp time)	
Board of Education	Executive Branch (only if going to Department of Education)	X		X (Sick leave only)	
Board of Education	Workforce Development Cabinet – if to 151B – Dept. for Adult & Tech. Education	X		X (Sick leave only)	
Unified Prosecutorial	Executive Branch	X		X	
Legislative Research Commission*	Executive Branch	X		X (will accept up to 200 hrs Comp time)	
KCTCS **	Executive Branch or to 151B	X			X
Chapter 16 (Trooper)	Executive Branch	X		X	
Executive Branch	Executive Branch	X		X	
Colleges or Universities	Executive Branch		X		X
County or City Government	Executive Branch		X		X
Kentucky Housing Corporation	Executive Branch		X		X
Local Health Departments	Executive Branch		X		X
Returning Retirees	Executive Branch		X		X
151B	Executive Branch	X		X	
Executive Branch	151B	X		X	
Ky Retirement System HB 461 (To and From)	Executive Branch To and From	X		X	

Note: Since we do not process P-1 actions on Teachers' Retirement, PVA, AOC or Board of Education, agencies will need to call them to get the information. If there is a break in service, then employees would be paid for their annual and comp (up to the max). If an employee is coming from Unified Prosecutorial System, then agencies would need to contact this agency for their months of service and leave balances since this is not stored on the payroll file.

* LRC Comp time transfer- Effective February 1, 2008

**KCTCS only up to July 1, 1998.

6.12 Authorization for Returning Retiree Form

AUTHORIZATION FOR RETURNING RETIREES

NAME _____

SSN _____

AGENCY _____

EFFECTIVE DATE _____

POSITION NUMBER _____

TYPE OF APPOINTMENT:

_____ **PROBATIONARY FULL-TIME**

_____ **PROBATIONARY PART-TIME**

_____ **NON-MERIT SERVING SIX-MONTHS PROBATION**

_____ **INTERIM (LESS THAN 9 MONTHS)**

CABINET SECRETARY

DATE

EDUCATIONAL LEAVE CONTRACT

COMMONWEALTH OF KENTUCKY

_____, hereafter called Employee, and the Appointing Authority of the Cabinet for
_____, hereafter called Appointing Authority, contract as follows:

1. This contract shall run from _____ to _____ [subject to 2(a)] during which time Employee shall be on (check one square and one circle):

☐ Leave without pay
☐ Leave with pay
☐ Agency directed leave with pay

☐ Full-time leave
☐ Part-time leave _____ %
2. During the term of this contract:
 - (a) Appointing Authority may cancel Employee's leave only for "cause". "Cause" may include breach of contract, failure to maintain required academic standards, violation of school rules resulting in disciplinary action, and those actions which would result in disciplinary action under the Personnel Statutes and Regulations.
 - (b) Employee shall complete work for the degree or goal for which leave was granted.
 - (c) If Employee is on:
 1. Leave without pay - Appointing Authority shall allow Employee to accept financial aid from any source including the Tuition Assistance Program. If Employee accepts Tuition Assistance, this contract supersedes terms of the Tuition Assistance agreement to the extent any conflict exists between the two documents.
 2. Leave with pay - Appointing Authority shall (a) Pay his full salary less any financial aid he receives from other public or institutional sources, and (b) keep in force such employee benefits as provided by the Personnel Statutes and Regulations governing Leave with Pay. Employee agrees to report to Appointing Authority all public or institutional financial aid received and is not eligible for Employee Tuition Assistance.
 3. Agency Directed Leave with pay - Appointing Authority shall (a) Pay his full salary less any financial aid he receives from other public or institutional sources, and (b) keep in force such employee benefits as provided by the Personnel Law and Rules governing Leave with Pay. Employee agrees to report to Appointing Authority all public or institutional financial aid received and is not eligible for Employee Tuition Assistance; Appointing Authority shall pay the Employee's full tuition, necessary fees and book costs, and one round trip to school each semester, pursuant to State Government Travel Regulations.
 4. Full time leave without pay - Employee is not eligible for annual leave, sick leave, vacation, holidays, or compensatory time while on leave. He may take holidays and vacations allowed by the school. If he is not a full time summer student, Employee shall report for work during the summer session or take leave without pay during this period.
3. Upon Employee's successful completion of his studies and leave, Appointing Authority shall restore him to his former position or one of like status and pay, or promote him.
4. Employee service commitment
 - (a) Employee agrees to serve Appointing Authority on termination of leave for
 1. 1/2 day for each day of leave if on leave w/o pay
 2. 1 day for each day of leave if while on leave w/o pay employee accepts Tuition Assistance
 3. 2 days for each day of leave if on leave with pay*
 4. 1 1/2 days for each day of leave if on agency directed leave with pay
 5. but if he is on Part time leave, his service commitment is ratably reduced
 - (b) Only authorized regular work time after educational leave shall be credited against Employee's service commitment.
 - (c) As a condition of approval by the Appointing Authority of the educational leave contract, the employee shall sign a promissory note that in the event that he fails to complete his service commitment he shall pay the Appointing Authority 75% of his then current daily pay for each commitment day unserved.
5. The Secretary of the Personnel Cabinet approves leave for Employee pursuant to Personnel Rule 101 KAR 2:102, Section 8 and 3:015, Section 8.
6. Appointing Authority's financial obligation beyond the current fiscal year is contingent upon future appropriations sufficient to continue the Educational Leave Program.
7. List any special conditions _____.
8. For provisions not specifically covered by this contract, the Personnel Statutes and Regulations shall apply.
9. This document is not enforceable until approved by the Secretary of the Personnel Cabinet.

*4.(a)3. Employee's obligation for _____ is _____ upon completion of leave period.

Employee

Date

Appointing Authority

Date

Secretary, Personnel Cabinet

Date

REQUEST FOR DUAL EMPLOYMENT

101KAR 2:095 SECTION 4(1) States:

An employee holding a full-time position with the Commonwealth shall not hold another state position except upon recommendation of the Appointing Authority and the written approval of the Secretary of the Personnel Cabinet.

Therefore, we would like to request prior approval to dually appoint _____ to the position of _____, effective _____. We understand if this employee goes into overtime, both agencies agree to pay the weighted, average salary. This approval form shall be signed by all parties and submitted as supporting documentation along with the P-1 form.

Signature of Appointing Authority (Primary Agency)_____
Date_____
Signature of Appointing Authority (Secondary Agency)_____
Date_____
Approval of Personnel Cabinet Secretary_____
Date